

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PSA	70385	7-22-49
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		71090	3/49

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
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29	✓	✓	✓
30	✓	✓	✓
31	✓	✓	✓
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33	✓	✓	✓
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37	✓	✓	✓
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43	✓	✓	✓
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49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	✓	✓	✓
52	✓	✓	✓
53	✓	✓	✓
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Claim	Final	Original	Date
101	✓	✓	✓
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146	✓	✓	✓
147	✓	✓	✓
148	✓	✓	✓
149	✓	✓	✓
150	✓	✓	✓

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

Best Available Copy

Best Available Copy

PRINT CLAIM(S):

192

09/264547

INDEX OF CLAIMS

Claim		Date		Claim		Date		Claim		Date	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
	12/08		11/28		3/12		2/20				
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